

DEMOCRATIC PARTY OF CARROLL COUNTY

MEMBERSHIP FORM

I want to donate to the DPCC \$ _____

*****MAKE CHECK PAYABLE TO DPCC*****

PLEASE PRINT CLEARLY

Full Name: _____

Physical Address: _____

Mailing Address: _____

City/State/Zip: _____

Mobile Phone: _____ Home Phone: _____

Date of Birth: _____ E-mail: _____@Choose an item

How would you like to be contacted? Mail: ☐ Email: ☐

MEMBER AFFIDAVIT OF ELIGIBILITY

I request that the Democratic Party of Carroll County accept my application to serve as a voting member. I confirm that I am a current resident of Carroll County, Arkansas. As a voting member, I agree to abide by the rules of said committee and support the Principles of the Democratic Party. I am eligible and legally qualified to file for membership under the Rules of the Democratic Party of Arkansas.

Signature: _____

Date: _____

PLEASE MAIL TO: DPCC PO Box 8 Eureka Springs, AR 72632